Form 990

# **Return of Organization Exempt From Income Tax**

2016

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

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A F	or the	2016 <u>calend</u>	ar year, or ta	x year be	ginning				, 2016, and	ending			, 2	<u>:0</u>			
B C	neck if ap	plicable	C Name of orga	ınızatıon AN	ŒRICANS	FOR L	MIT GOVT F	OUNDA	TION				D Employ	er Identification no.			
☐ Ac	idress ch	ange	Doing busines	ss as									52-202	20468			
□ Na	ame chan	nge	Number and s	street (or P C	box if mail is r	not delivered i	to street address)			Roon	n/suite		E Telepho	ne number			
nı	tial return	า	10332 1	MAIN S	TREET					32	6						
F	nal return	√terminated	City or town,	state or prov	ince, country, a	nd ZIP or fore	ign postal code						1,2	245,368			
☐ Ar	nended n	eturn	Fairfa	x, VA	22031							1	G Gross re	eceipts\$			
□ A	plication	pending	F Name and ad	•		RICHA	RD MANNING			H(	a) is this a group	return	for subordinates	? Yes X No			
_ `			_Same a	s C ab	ove						b) Are all subo						
I Ta	x-exemp	t status	501(c)(3)	1	) <b>4</b> (inse	ert no )	4947(a)(1) or	527	,				a list (see in				
		► N/A	3-7_							Н(	•		tion number				
			Corporation	Trust	Association	Other ►	<u>.</u>		Year of formation	1998			al domicite	DE			
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Governance	:	LIMITED	GOVERNMEN	NT.					·								
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/er		<u> </u>	<b>►</b> □ (1)	<u> </u>						-6.4				<del></del>			
Ó				_		-	perations or dispo		more than 25%	of its no	et assets	ء ا	l	_			
රේ	1		oting members	•	-	• •	•					3		5			
Activities &	1						oody (Part VI, line				• • • • •	4	-	5			
<u>₹</u>	l .					•	6 (Part V, line 2a)	) -				5		7			
7	6	Total numbe	r of volunteers	(estimate	e if necessar	у)						6					
3	7a	Total unrelat	ed business re	evenue fro	om Part VIII,	column (C	c), line 12 · ·	• • • •				7a	1	318			
· 	Ь	Net unrelate	d business tax	able inco	me from For	m 990-T, I	ine 34 • • •					_7b	)	0			
Revenue											Pnor Year		Cı	urrent Year			
	8	Contribution	s and grants (I	Part VIII, I	line 1h) ·		. RE(				235	<u>, 30</u>	6	1,245,050			
			vice revenue (				. <u> </u>	• • • • •						0			
Ve	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 😤 🕒 NDV: 🖟 🖁 · 2017 · 🗳											318				
æ			ue (Part VIII, c				1631 10130	My o						0			
	12	Total revenu	e - add lines 8	through	11 (must equ	ıal Part VII	I, çolur <del>an (A), <u>İ</u>m</del>	e 12)	153		235	, 30	6	1,245,368			
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	1	•			· ·	• • •	column (A), lines				219	. 91	16 219,862				
Expenses			•		-		:)	-				,	1	0			
ë			sing expenses	,	•	•	•		35,141					<u> </u>			
쫎			ses (Part IX, c		, .						248	51	7	170,278			
	1						mn (A), line 25)				470			390,140			
	1	•	s expenses								(235			855,228			
	+	Trevenue les	os expenses (	oubliact i	ine to nomi	110 12				Domine	ing of Current			and of Year			
ō 8⊑	20	Total accets	(Dort V. line 1)	6)						Deginii			1				
Net Assets or Fund Balances	24		(Part X, line 1)	•								, <u>82</u>		171,019			
독	21		s (Part X, line	•							710	_		- 0			
Pai			r fund balance	es Subtra	act line 21 fr	om line 20			<del></del>		(684	,20	9)	<u>171,019</u>			
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_	- 1	Signatu	re of officer		V							Da	te				
Here	<b>e</b>	RICH	ARD MANNI	ING, P	resident	·	-										
		Type or print name and title															
		Print/Type pr	eparer's name		Preparer	s signature		] [	Date		Check _	ıf	PTIN				
Paic									<u>.</u>		self-employe	∌d					
Pre	parer	Firm's name	<b>&gt;</b>							Firm's	s EIN 🕨						
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_										$\perp$							
May t	he IRS	discuss this	return with the	e prepare	r shown abo	ve? (see ır	nstructions) .						🔲	Yes No			
			on Act Notice						-					Form 000 (2016)			

	1 III Statement of Program Service Accomplishments											
I a	Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission											
•	TO PROVIDE RESEARCH ON ISSUES RELATED TO LIMITED GOVERNMENT.											
	TO PROVIDE REDIEDANT ON IDDOES INCHIEND TO BETTER COVERED T.											
2	Did the organization undertake any significant program services during the year which were not listed on the											
	pnor Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services? · · · · · · · · · · · · · · · · · · ·											
	If "Yes," describe these changes on Schedule O											
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,											
	the total expenses, and revenue, if any, for each program service reported											
4a	(Code) (Expenses \$29,332 including grants of \$) (Revenue \$1,245,368)											
	TO PROVIDE RESEARCH ON VARIOUS LIMITED GOVERNMENT IDEAS.											
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)											
_												
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)											
	Other program agains (Deposible in Schodule O.)											
4d	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )											
40												
40	Total program service expenses 229,332											

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ......... 4 X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .......... 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ......... 11c Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ........ 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ......... 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

6) AMERICANS FOR LIMIT GOVT FOUNDATION Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ļ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		⊢—
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<b></b>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		⊢
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			V
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		v
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
JI	Part I · · · · · · · · · · · · · · · · · ·	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
<b>52</b>	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u> </u>
•	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		<del></del>
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55	-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>'</del>		
-	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2016) AMERICANS FOR LIMIT GOVT FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	Ĺ.,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	}		1
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Ì		
	and services provided to the payor?	-̄7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l —
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь	-	
10	Section 501(c)(7) organizations. Enter	_		
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ĺ		1
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
	against amounts due or received from them )			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		r
-	Note. See the instructions for additional information the organization must report on Schedule O			<b></b>
ь	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ĺ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		$\overline{}$
	in 100, that it med a 1 tim that to report allose payments. In 110, provide an explanation in contains to	-70		2040

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? ......... Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х **b** If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Delaware, Virginia Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply. Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records AMERICANS FOR LIMITED GOVT FOUNDATI (703) 383-0880, 10332 MAIN STREET 326, Fairfax,

orm 990 (			GOVT FOUNDAT				Page
Part VII	Compensation of Off	icers, Director	rs, Trustees, K	ey Employees,	<b>Highest Compensat</b>	ed Employees,	and
	Independent Contract	tors					

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (B) (D) (E) (F) (do not check more than one Name and Title Reportable Average box, unless person is both an Reportable Estimated compensation hours per officer and a director/trustee) compensation from amount of veek (list any from related other hours for organizations the compensation (W-2/1099-MISC) related organization from the Individual trustee Key employee Highest compensated (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) DAVID VANDERVEEN 10.00 Χ DIRECTOR 0 (2) PETER\_CONLIN\_ 5.00 Χ X 0 Chairman (3) RICHARD MANNING 50.00 President 0 (4) DAVE RENSIN 0 DIRECTOR \_5.00\_ (5) GLEN DOWNS Χ 0 0 (8) (9) (10) (11)(12)(13)(14)

Form 990 (2016)

Page 8

(A) Name and title	(B)  Average hours per week (list any	officer and a director/tru						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		-
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	ipensati from the ganization id relate ganization	on od
(15)					_							_
(16)											<del></del>	
(17)												
(18)		_				-						
(19)												
(20)												
(21)												
(22)												
(23)						_						
(24)												
(25)												
1b Sub-total · · · · · · · · · · · · · · · · · · ·		• • •	• •	• •	• •		<b>•</b>					
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)		• • •						0	0			
Total number of individuals (including but not limite							_	<u>*</u>		<u> </u>		0_
reportable compensation from the organization	<u> </u>								0			
3 Did the organization list any former officer, director	r ortnistee k	ev emi	nlove	e o	r hia	ihest c	nmr	ensated		Γ—	Yes	No
employee on line 1a? If "Yes," complete Schedule			-							_ 3		Х
4 For any individual listed on line 1a, is the sum of re												
organization and related organizations greater that							e J fi	or such		4		x
5 Did any person listed on line 1a receive or accrue							nzati	on or individual		<b>├</b> -		
for services rendered to the organization? If "Yes,	complete Sch	edule :	J for	suc	н рө	rson		· <u>· · · · · · · · · · · · · · · · · · </u>		5		X
Section B. Independent Contractors					L -4			(100.00)				
Complete this table for your five highest compensation from the organization. Report comp												
year (A)								(B)			(C)	
Name and business address	s							Description of	services		ensatio	n_
								<del> </del>		_		
	<del></del>							<del>                                     </del>				
Total number of independent contractors (including												

received more than \$100,000 of compensation from the organization

Statement of Revenue

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function Unrelated business revenue Revenue excluded from tax Total revenue under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1b 1¢ 1d d Related organizations · · · · · · · Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1,245,050 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 1,245,050 **Business Code** Program Service Revenue 2a SERVICE 900099 900099 INTEREST f All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ 318 318 Income from investment of tax-exempt bond proceeds (i) Real (II) Personal 6a Gross rents . . . . . . . . . b Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · ▶ (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses . . . . c Gain or (loss) . . . . . . . d Net gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . a **b** Less direct expenses .... **b** c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . a **b** Less: direct expenses · · · · · · b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . a **b** Less cost of goods sold . . . . . . . . b c Net income or (loss) from sales of inventory · · · · · · · ▶ **Business Code** Miscellaneous Revenue 11a b e Total. Add lines 11a-11d 0 12 Total revenue. See instructions 1,245,368 318

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . . . 5 Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 . . . . . . . . . . . . . . 194,254 116,553 58,276 19,425 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,617 1,570 785 9 262 10 22,991 13,795 6,897 2,299 Fees for services (non-employees) 11 а b Legal C 914 549 274 91 Lobbying d Professional fundraising services See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ... 12 73,626 44,175 22,088 7,363 13 1,096 657 329 110 14 6,118 3,671 1,835 612 15 3,607 2,164 1,082 16 361 17 1,569 941 157 471 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 8,765 8,765 21 Depreciation, depletion, and amortization ..... 1,267 22 1,267 Insurance ........... 23 14,173 8,504 4,252 1,417 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2,832 28,322 16,993 8,497 postage & printing Consultants 28,700 17,220 11,480 C 494 297 148 49 Telephone d registration & membership 1,627 976 488 163 All other expenses Total functional expenses. Add lines 1 through 24e 25 390,140 229,332 125,667 35,141 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 Cash - non-interest-bearing 7,421 1 103,882 2 2 3 3 Pledges and grants receivable, net ................ 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . Notes and loans receivable, net 7 50,000 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . | 10a 105,216 99,892 10c b 6,592 <u>5,324</u> 11 11 12 12 Investments - other securities See Part IV, line 11 13 investments - program-related See Part IV, line 11 ...... 13 14 14 15 15 11,813 11,813\_ 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 171,019 25,826 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 710,035 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 710,035 26 0 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 (684, 209)171,019 Temporanly restricted net assets ................ 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 (684,209) 171,019

25,826

Form	1990 (2016) AMERICANS FOR LIMIT GOVT FOUNDATION 52-20204	58	_ Pa	age 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			. 🛮				
1	Total revenue (must equal Part VIII, column (A), line 12)	1,:	245,3	368				
2	Total expenses (must equal Part IX, column (A), line 25)		390,:					
3	Revenue less expenses. Subtract line 2 from line 1		855,2					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		684,2					
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Pnor period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)			0				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))		171,0	019				
Pa	rt XII Financial Statements and Reporting		•					
	Check if Schedule O contains a response or note to any line in this Part XII			$\cdot \square$				
			Yes	No				
1	Accounting method used to prepare the Form 990 🔲 Cash 🔲 Accrual 🔲 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis	L						
b	Were the organization's financial statements audited by an independent accountant?	2b	<u></u>	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis		Ì	,				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	L					
	If the organization changed either its oversight process or selection process during the tax year, explain in		ļ					
	Schedule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b						
EEA		Form	990 (	2016)				

#### **SCHEDULE A**

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2016

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number AMERICANS FOR LIMIT GOVT FOUNDATION 52-2020468 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college q or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing eea) trooggua other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
5	The portion of total contributions by				1		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount				ļ		
	shown on line 11, column (f)	·					
6	Public support. Subtract line 5 from line 4		<u></u>	<u> </u>	<u> </u>	<u> </u>	
Sec	tion B. Total Support		τ				<del></del>
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4						<del> </del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	<u> </u>	<u> </u>				▶□
	tion C. Computation of Public Su	<del></del>	_ <del></del>		<del> </del>		
14	Public support percentage for 2016 (line 6, c					14	
15	Public support percentage from 2015 Sched					<del></del>	
16a	33 1/3% support test - 2016. If the organization supplies						. □
_	box and stop here. The organization qualific						▶ ∐
b	33 1/3% support test - 2015. If the organization at				\$ 33 1/3% of more,		. □
470	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2016 10% or more, and if the organization meets	=					
	Part VI how the organization meets the "fact				•		
	organization		_	*			□
	•						· · · · ▶ ⊔
þ	10%-facts-and-circumstances test - 2015	<del>-</del>				E	
	15 is 10% or more, and if the organization m			·	•	.,	
	Explain in Part VI how the organization mee			-	quaimes as a publici	-	<b>⊾</b> □
18	supported organization · · · · · · · · · · · · · · · · · · ·						🕨 🔟
10	instructions			· ·			🕨 🗖
	mios a data in the same in the	_ <u>-</u>			<del></del>		<u> </u>

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,548,461	<u>85</u> 0,750	873,100	235,306	1,245,369	5,752,986
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,548,461	850,750	873,100	235,306	1,245,369	<u>5,752,986</u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from						
Sec	ction B. Total Support						5,752,986
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		850,750	873,100	235,306	1,245,369	5,752,986
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	720				318	1,038
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			t.			
C	Add lines 10a and 10b · · · · · · · · · ·	720				318	1,038
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) · · · · · · · · · · · · · · · · · · ·	2,549,181	850,750	873,100	235,306	1,245,687	5,754,024
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	line 13, column (f))			15	99.98 %
16	Public support percentage from 2015 Schedu			<u></u> <u></u> .	<u></u>	16	0.00 %
Se	ction D. Computation of Investme	nt income Per	centage				
17	Investment income percentage for 2016 (line	10c, column (f) divi	ded by line 13, colu	ımn (f)) • • • •	· · · · · · · [	17	0.00 %
18	Investment income percentage from 2015 Sc	hedule A, Part III, lir	ne 17 · · · · ·			18	0.00 %
19a	33 1/3% support tests - 2016. If the organization of the tests is not more than 33 1/3%, check this box at						▶ 🏻
b	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this limits to the state of the state						▶ 🔲
20	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion	A. /	AII	Supp	orting	Or	gan	izations	ŝ

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	<del></del>		
	2	ļ	
	3a		
	ļ ļ		
	3b		
	3c		
	4a		<del>                                     </del>
	4b		<del></del>
	i 		
	4c	ļ	
	70		
	5a		
	5b		
	5c		
	6		<del>                                     </del>
	7		-
	8		
	9a		
	9b		
	9c		
		L	
i	10a		
	10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			, (
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion B. Type I Supporting Organizations	10		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			.
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	1		}
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			]
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•	Did the organization operate for the benefit of any supported organization other than the supported			, }
2	organization operate for the benefit of any supported organization other than the supported organization? If "Yes," explain in <b>Part</b>			. [
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			,
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vas	N <sub>a</sub>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u></u>	Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		J
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	-		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			, ]
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	tions	-1·
a	The organization satisfied the Activities Test. Complete line 2 below	nsuut	,uona	<i>y</i> .
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	ctions
2	Activities Test. Answer (a) and (b) below.	`	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Ì	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		İ	1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		j	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		I	ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these	24		
2	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		i	ļ
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	}	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del>  -  </del>		
_	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

1 2

3

4

5

Section C - Distributable Amount

4 Enter greater of line 2 or line 35 Income tax imposed in prior year

Enter 85% of line 1

1 Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

**Current Year** 

. . . .

and 4b from line 1. For result greater than zero, explain in

8 Breakdown of line 7:

а

**b** Excess from 2013

c Excess from 2014

d Excess from 2015

e Excess from 2016

Schedule	A (Form 99	10 or 990	-EZ\ 2018

Schedule A (Forr	m 990 or 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	into 2, o, and evide complete the pair overly dealered mornale in (eco mediacional)
	<del></del>

#### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Schedule D (Form 990) 2016

	of the organization	Employer Identification number
	ERICANS FOR LIMIT GOVT FOUNDATION	52-2020468
Pa		ounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (dunng year) · ·	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferming impermissible private benefit?	
Pa	rt II Conservation Easements.	···
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	illy important land area
	Protection of natural habitat	* *
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
_	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
ď	historic structure listed in the National Register	. 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	
•	tax year	mzadon domig tro
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
•	b	on casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•	S	200 mento during the year
Ω	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(ı)
Ū	and section 170(h)(4)(B)(ii)?	······································
۵	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	at describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	7.500.51
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet
·a	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in f	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these ite	
_	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and the	
þ	· · · · · · · · · · · · · · · · · · ·	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in f	urrierance or
	public service, provide the following amounts relating to these items:	<b>.</b> ¢
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	i, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
<b>a</b>	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u>····</u> \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining Colle				ssets (continued)
3	Using the organization's acquisition, accession, and o	other records, check any	of the following that are a	a significant use of its	
	collection items (check all that apply)				
а	Public exhibition	d Loan or exch	ange programs		
b	Scholarly research	e 🔲 Other			
C	Preservation for future generations				
4	Provide a description of the organization's collections	and explain how they fur	ther the organization's e	xempt purpose in Part	
	XIII				
5	During the year, did the organization solicit or receive				
	assets to be sold to raise funds rather than to be mail		anization's collection?		· · · 🗌 Yes 📘 No
Pai	t IV Escrow and Custodial Arrangem		000 5 4 8 4 4 6		
	Complete if the organization answer	erea "Yes" on Form	990, Part IV, line 9	, or reported an amo	on Form
	990, Part X, line 21.	<del></del> -			
1a	Is the organization an agent, trustee, custodian or oth				п., п.,
_	•				· · · 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Part XIII and com	plete the following table		г <del></del>	<del></del>
				<del></del>	mount
C.					
d	Additions during the year				
0	Ending balance				
f 2-	Did the organization include an amount on Form 990,				· · · · Yes No
2a L	_			•	
Dai	If "Yes," explain the arrangement in Part XIII Check in tV Endowment Funds.	iere ii trie explanation has	s been provided on Fart	<u> </u>	· · · · · · · · · · · · · · · · · · ·
rai	Complete if the organization answer	ered "Yes" on Form	990 Part IV line 1	n	
	<del></del>	<del></del>	rior year (c) Two year	<del></del>	de (a) Faur vanse besk
1a	Beginning of year balance	ij Cuiterit year (b) F	itor year (c) Two year	s back (d) Three years bac	ck (e) Four years back
b	Contributions · · · · · · · · · · · · · · · · · · ·				<del></del>
c	Net investment earnings, gains, and	-			<u> </u>
·	losses · · · · · · · · · · · · · · · · · ·				
d	Grants or scholarships				
A	Other expenditures for facilities and				<del></del>
Ŭ	programs				
f	Administrative expenses	<del></del>			<del></del>
я	End of year balance				
2	Provide the estimated percentage of the current year	end balance (line 1g, col	umn (a)) held as		
а	Board designated or quasi-endowment	%			
b	Permanent endowment > %	<del></del>			
С	Temporarily restricted endowment	%			
	The percentages in lines 2a, 2b, and 2c should equal	100%			
3a	Are there endowment funds not in the possession of	the organization that are	held and administered fo	or the	
	organization by				Yes No
	(i) unrelated organizations · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	· · 3a(i)
	(ii) related organizations	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · 3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed a	•	₹?		· · 3b
4	Describe in Part XIII the intended uses of the organization				
Pa	rt VI Land, Buildings, and Equipment				
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line 1	1a. See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	<del></del>
1a	Land	·	-		<u> </u>
b	Buildings	· <del>  </del>	<del>                                     </del>		
C	Leasehold improvements		<del> </del>		
d	Equipment	·	<del> </del>		
	Other · · · · · · · STMD1E · ·		105,216	99,892	5,324
Tota	<ol> <li>Add lines 1a through 1e (Column (d) must equal Fo</li> </ol>	rm 990, Part X, column (	B), line 10c ) • • •	· · · · · · · · • • •	5,324

AMERICANS FOR LIMIT GOVT FOUNDATION

Schedule D (Form 990) 2016

52-2020468

Page 2

Part VII	Investments - Other Securities.	OR LIMIT GOVT FOUNDATION	52-2020468 Page
	Complete if the organization answ	vered "Yes" on Form 990, Part	IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial o	derivatives · · · · · · · · · · · · · · · · · · ·	••	
	eld equity interests	• •	
(3) Other			
(A)			
(B) (C)		_	
(D)		_	
(E)			
(F)			<del></del>
(G)			
(H)			
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
Part VIII	Investments - Program Related		
	Complete if the organization answ	vered "Yes" on Form 990, Part	IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)	·		<del></del>
(4)			
(5)			
(6)			
(7)			
(8)		<del></del>	<del></del>
	must equal Form 990, Part X, col (B) line 13)	<u> </u>	
Part IX	Other Assets.	vered "Yes" on Form 990, Part	IV, line 11d. See Form 990, Part X, line 15.
Part IX	Other Assets.  Complete if the organization answ		(b) Book value
Part IX  (1) SECUR	Other Assets.	vered "Yes" on Form 990, Part	(b) Book value
Part IX	Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	(b) Book value
(1) SECUR	Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	(b) Book value
(1) SECUR (2) (3)	Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	(b) Book value
(1) SECUR (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	(b) Book value
(1) SECUR (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	(b) Book value
(1) SECUR (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answ	vered "Yes" on Form 990, Part	(b) Book value
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answard deposits	vered "Yes" on Form 990, Part	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answard DEPOSITS  ITY DEPOSITS  In (b) must equal Form 990, Part X, col. (B) line	vered "Yes" on Form 990, Part	
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answard DEPOSITS  The (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	wered "Yes" on Form 990, Part (a) Description	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answers.  ITY DEPOSITS  It (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answers.	wered "Yes" on Form 990, Part (a) Description	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9)  Fotal. (Column Part X  1. (1) Federal (2) (3)	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81
(1) SECUR (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answard of the organization of the organization of the organization answard organization answard or	vered "Yes" on Form 990, Part (a) Description  e 15)	(b) Book value 11,81

Sched	ule D (Form 990) 2016 AMERICANS FOR LIMIT GOVT FOUNDATION	52-2020468	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
0	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	<del></del>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	т.т	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	<b></b>	
d	Other (Describe in Part XIII.)	<del></del>	
9	Add lines 2a through 2d		
3	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b		- 4c	
C E	Add lines 4a and 4b		
5 P2	rt XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4	Part Y line	
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	, 1 41(7), 1110	
2, 1 0	INTAI, INICO 20 UNG 40, UNG 1 UNTAIN INICO 20 UNG 10 7 USO COMPICIO UNO PUNTO UNITY GUARANTAI INICO MINICO UNIT		
_		<del></del>	
		<del></del>	

EEA

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

AMERICANS FOR LIMIT GOVT FOUNDATION	52-2020468
01. Governing body meeting documentation (Part VI, line 8a)	
The Organization has an executive committee which will meet between	board meetings.
02. Form 990 governing body review (Part VI, line 11)	
After form 990 is completed it is sent to the all directors for rev	iew before submission.
03. Conflict of interest policy compliance (Part VI, line 12c)	
All directors are required annually submit a form to the organization	on answering questions
pertaining to their relationship with the organization.	
04. Governing documents, etc, available to public (Part VI, line 19	)
The tax fillings are available by filing a written request with the	organization.
	<del></del>
	<del></del>